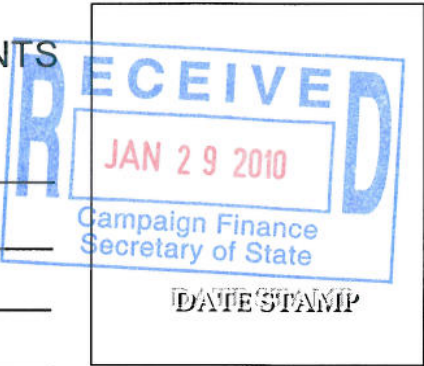


Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election



Name of Candidate Doug Davis
Address P.O. Box 235 HERNANDO, MS 38632
Telephone 662-449-4115 Fax _____
Contact Name _____ Email _____

Office Sought STATE SENATE DIST 1 Political Party REPUBLICAN

☐ Check here if above is different from previous report

TYPE OF REPORT

- ____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- ____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- ____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
- ____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$6200 + \$200	\$ 6400	\$ 6400
Total amount of disbursements	\$8196.46 + \$750	\$ 8946.46	\$ 8946.46
Total amount of cash on hand		\$ 20932.32	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Doug Davis
Signature of Candidate

1/30/09
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Doug Darr

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>PRMA</u>		<u>12/17/09</u>	\$ <u>1000</u>
Mailing Address <u>950 F STREET, NW</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>WASHINGTON, DC 20004</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JOHNSON & JOHNSON, PAC</u>		<u>12/11/09</u>	\$ <u>500</u>
Mailing Address <u>ONE JOHNSON & JOHNSON PLAZA</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>NEW BRUNSWICK, NJ 08933</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ENTERPRISE HOLDING, INC PAC</u>		<u>12/1/09</u>	\$ <u>250</u>
Mailing Address <u>660 CORPORATE PARK DR</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>ST. LOUIS, MO 63105</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT & T, PAC</u>		<u>9/17/09</u>	\$ <u>500</u>
Mailing Address <u>175 E. CAPITAL ST.</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>JACKSON, MS 39201</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>

Name of Candidate or Committee

Doug Davis

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>GEORGIA PACIFIC</u>		<u>10/12/09</u>	\$ <u>500</u>
Mailing Address <u>P.O. Box 61270</u>		___/___/___	\$
City, State, Zip Code <u>PHOENIX, AZ 85082</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>SHERING CORP.</u>		<u>10/07/09</u>	\$ <u>1000</u>
Mailing Address <u>2000 GALLOPING HILL RD</u>		___/___/___	\$
City, State, Zip Code <u>KENILWORTH, NJ</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BRIAN HUFF</u>		<u>9/28/09</u>	\$ <u>1000</u>
Mailing Address <u>P.O. Box 506</u>		___/___/___	\$
City, State, Zip Code <u>LINCOLN, IL 62656</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>BNSF</u>		<u>8/4/09</u>	\$ <u>250</u>
Mailing Address <u>2500 LOU MENK DR</u>		___/___/___	\$
City, State, Zip Code <u>FORT WORTH, TX 76131</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>250</u>

Name of Candidate or Committee Doug Davis

Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ANHEUSER-BUSCH</u>		<u>5/13/09</u>	\$ <u>500</u>
Mailing Address <u>ONE BUSCH PLAZA</u>		___/___/___	\$
City, State, Zip Code <u>ST. LOUIS, MO 63118</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ADVANCE AMERICA</u>		___/___/___	\$ <u>500</u>
Mailing Address <u>135 N. CHURCH ST.</u>		___/___/___	\$
City, State, Zip Code <u>SPARTANBURG, SC 29306</u>		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___/___/___	\$
Mailing Address		___/___/___	\$
City, State, Zip Code		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Doug Davis
 Reporting period _____ through _____

ITEMIZED DISBURSEMENTS

A. Full name	WINNING EDGE	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	7135 US Hwy 431	2 / 23 / 09	\$ 4032.56
City, State, Zip Code	ALEXANDRIA, AL	12 / 18 / 09	\$ 2354.40
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 6386.96
B. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	PALMER Home for Children	3 / 16 / 09	\$ 250.
City, State, Zip Code	P.O. Box 929	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	HERNANDO, MS 38632	Aggregate Year-to-date	\$ 250
C. Full name	GOURAS & Assoc.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 1465	5 / 11 / 09	\$ 959.50
City, State, Zip Code	RIDGELAND MS	___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 959.50
D. Full name	OLIVE BRANCH CHAMBER	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	9123 PIGEON ROOST Rd	9 / 21 / 09	\$ 360
City, State, Zip Code	OLIVE BRANCH, MS 38654	___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 360
E. Full name	MS RIVERKINGS	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	4560 VENTURE DR	10 / 14 / 09	\$ 240
City, State, Zip Code	SOUTHAVEN, MS 38671	___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$ 240
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$